

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

Complete this report of the time of the regular				aroi Day at 11:32 am, Nov 07, 20
Complete this report at the time of the regula Complete this report whenever the instrumer	ir monthly preventive maintel nt is serviced or repaired and	nance cneck (not t I whenever it is plac	o exceed 35 days). ced into service	
Retain the original and send a copy within 15	days to the Breath Alcohol	Program, DHSS.	ou me der 7,00,	
intox dmt sn NAME OF AGEN 500128 Missouri		DATE OF INSPECTION 10/30/2014		
LOCATION OF INSTRUMENT (STREET AND CITY) Marion County SO, 1703 Marion City R		TIME OF INSPECTION 10:25:04		
CHECKLIST: Place a mark in the box by ear values where determined). Unmarked items it	ch item if found to be satisfa must be corrected before us	ctory or is operating instrument.	g within established limit	s. (Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 10/30/2014 10:25:	07	☑ DETECTOR		
☑ PROGRAM	☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C		☑ FILTER 2		
☑ BREATH TUBE 48.0°C		☑ FILTER 3		
☑ PUMP	X INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STAND	DARDS	, , , , , , , , , , , , , , , , , , , ,		
☐ SIMULATOR STANDARD	☑ COMPRESSED ETHANOL-GAS MIXTURE			
☑ STANDARD SUPPLIER ILMO	LOT#_	17513080A1	EXP. DATE	07/01/2015
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	FOR SN	SIMULATOR EXP	DATE
 ☑ CALIBRATION CHECK - (ONLY ONE SERVING TRUE CONTINUED TO THE CONTINUED TO THE CONTINUE CONTINUE	ling to the standard being us AD BETWEEN 0.095% AND AD BETWEEN 0.076% AND	sed. D 0.105% INCLUS D 0.084% INCLUS	VE VE	
TEST 1: 0.078	TEST 2: 0.078	TEST 3: 0,078		
☑ PERFORM R.F.I. TEST			14.07 0. 0.070	
 INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWING	RANGES SINCI	E THE LAST MAINTEN	IANCE DEDODT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR A	•			Y AND WITHIN
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)				
				·
NSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME JAMES P JOHNSON		
YPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE	NUMBER	
240173 RETURN COMPLETED REPORT TO THE	04/22/2016	1	85-2132	
O SERO DEPORT TO THE	Breath Alcohol Program, N Southeast District Office 2875 James Blvd, Poplar I		rream and Senior Servi	ces



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID:

5178

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

17513080A1

Expiration:

7/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Component:

Concentration:

Accuracy:

Method:

Ethanol

208.4 ppm

+/- 0.002 or 2% BAC whichever NDIR

Nitrogen

Balance

is greater

*NIST Standard Reference Material Cylinder No. CC157791 / Job No. 13029 Certified 184.3 µmol/mol Ethanol in Nitrogen for ILMO Products Co., Jacksonville, IL

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

17025:2005 Accredited Laboratory

07/10/13



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JAMES P JOHNSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

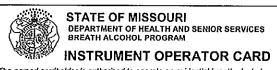
DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

and observe and age	31. 000.110 1 (01/10)
DATE 4/22/2014	when
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240173	Dal Vasterly
EXPIRES 4/22/2016	J
FOR 0.774 (6.4b)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri



Operator JOHNSON, JAMES

Permit No 240173

Date Issued 4/22/2014 Date Expires 4/22/2016